

TERO - Tribal Employment Rights Office

918.549.2963

P.O. Box 580, Hwy 75 & Loop 56 Okmulgee, OK 74447

fax: 918.549.2969

REQUIRED DOCUMENTS CHECK LIST

INCOMPLETE APPLICATIONS SHALL BE RETURNED AND NOT BE CONSIDERED FOR REVIEW UNTIL ALL REQUIRED DOCUMENTS ARE SUBMITTED. ALL APPLICATIONS WILL BE SUBJECT TO A SITE VISIT PRIOR TO APLLICATION REVIEW.

	Single Proprietor		Business Portfolio
	Driver's License		Any Licenses, Minority Certificates or Other
	Certificate of Degree of Indian Blood (CDIB)		Certificates If Applicable
	Tribal Citizenship Card		0
	Federal Identification Number or Social Security Number		Corporation Articles of Incorporation (Chausing State
	Equipment List (Over \$250 Value)		Articles of Incorporation (Showing State Approval Date)
	Current Financial Statement (Profit & Loss Statement)		Complete Copy of By-Laws and Certification of
	Current Year Business Federal Income Tax Return (All Schedules)		Incorporation
	Copy of Bank Signature Card		Front and Back Copies of all Issued and Voided
	Two (2) Cancelled Checks for Accounts Payable (No Voided Checks)		Stock Certifications (Not a Specimen)
	Copy of Current Payroll Checks		Minutes of First and Last Corporate Organizational Meetings; All Resolutions
	Business Portfolio		Affecting Ownership
	Any Licenses, Minority Certificates or Other Certificates If Applicable		Complete Copy of Stock Transfer Ledgers and
	<u>Partnership</u>		Stock Register
	Agreement or Amendments		Proof of Stock Purchases (i.e., Front and Back
	TERO Form P-1		Copies of Cancelled Check, Cashier's Check, Money Order, etc.)
	Driver's License		List of Officers and Numbers of Shares
	Certificate of Degree of Indian Blood (CDIB)		Sworn Statement of Proper Office that States:
	Tribal Citizenship Card		 Total number of shares
	Federal Identification Number or Social Security Number		Stock(s) sold
	Equipment List (Over \$250 Value)		Amount of cashTotal indebtedness
	Current Financial Statement (Profit & Loss Statement)		 I otal indebtedness
	Current Year Business Federal Income Tax Return (All Schedules)	All inform	nation submitted pertaining to the corporation and
	Copy of Bank Signature Card		ders shall be signed by the corporation president
	Three (3) Cancelled Checks for Accounts Payable		sted to by the corporate secretary and shall bear
	Copy of Current Payroll Checks	corporate	e seal.
	Business Portfolio		TERO Form M-1
	Any Licenses, Minority Certificates or Other Certificates If Applicable		Driver's License
			Certificate of Degree of Indian Blood (CDIB)
_	<u>LLC</u>		Tribal Citizenship Card
	Driver's License		Federal Identification Number or Social Security
	Certificate of Degree of Indian Blood (CDIB) Tribal Citizenship Card		Number Equipment List (Over \$250 Value)
	Federal Identification Number or Social Security Number		Current Financial Statement (Profit & Loss
	Equipment List (Over \$250 Value)		Statement)
	Current Financial Statement (Profit & Loss Statement)		Current Year Business Federal Income Tax
	Current Year Business Federal Income Tax Return (All Schedules)		Return (All Schedules)
	Copy of Bank Signature Card		Copy of Bank Signature Card
	Copy of Current Payroll Checks Three (3) Cappelled Checks for Accounts Payrolle (No Voided Checks)		Three (3) Cancelled Checks for Accounts Payable
	Three (3) Cancelled Checks for Accounts Payable (No Voided Checks) TERO Forms P-1 and M-1		Copy of Current Payroll Checks
	Copy of Certificate		Business Portfolio
	Articles of Incorporation (Showing State Approval)		Any Licenses, Minority Certificates or Other
	Continued to Next Column		Certificates If Applicable



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TERO FORM P-1

APPLICATION FOR INDIAN PREFERENCE PARTNERSHIP DOCUMENTS

- I. Documents needed for each Indian Owner:
 - a. Name and Address
 - b. Tribal Affiliation and Enrollment Number
 - c. Percent of Ownership
 - d. Amount of investment and method of investment
 - e. Percent of voting control and position in firm
 - f. Loan information amount and lender identification
- II. Documents needed for each non-Indian owner:
 - a. Name and Address
 - b. Percent of Ownership
 - c. Amount of investment and method of investment
 - d. Percent of voting control and position in firm
- III. List any arrangement(s) that declares if any payment to non-Indian owners beyond their share of profit and salary, as indicated above
- IV. Provide by description any ownership options or agreements between owners which restricts ownership or control of Indian Owners



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TERO FORM M-1

APPLICATION FOR INDIAN PREFERENCE PARTNERSHIP AND/OR CORPORATION MANAGEMENT DOCUMENTS

MANAGEMENT

- I. Provide for each owner (5 Percent or More)
 - a. Name and Address
 - b. Social Security Number
 - c. If Indian, Tribal Affiliation and Enrollment Number
- II. Description of duties in firm
- III. Education and Training
- IV. Previous Experience of Work in areas the firm intends to engage
- V. Control of Company/Firm
 - a. Name and Title
 - b. Ethnicity
 - c. List Names of Individuals (Owners and non-owners) responsible for:
 - i. Financial decisions
 - ii. Management Decisions
 - iii. Marketing and Sales
 - iv. Hiring and Firing
 - v. Purchasing



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BUSINESS PORTFOLIO WORKSHEET

Overview of the Business	
☐ Resumes	
☐ Capabilities of the Business	
☐ Completed Projects with Pictures	if Applicable
☐ Testimonials, Awards, Letters of R	ecommendation or Reviews
CERTIF	ICATION
I,, H	ERBY CERTIFY THAT THE INFORMATION
PROVIDED IS TRUE AND ACCURATE TO THE BES	ST OF MY KNOWLEDGE.
NAME OF BUSINESS	
ADDRESS OF BUSINESS	
NAME:	(PLEASE PRINT)
	(-, -, -, -, -, -, -, -, -, -, -, -, -, -
TITLE:	(PLEASE PRINT)
SIGNATURE	



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APPLICATION FOR INDIAN PREFERENCE

To Apply:

A business seeking certification as a certified business shall submit a completed application to the TERO office on a form provided by the TERO office. THE TERO office will be available to assist in the completion of the application. The TERO office shall at any time request additional information as it believes appropriate and conduct a site visit as it deems appropriate. The Attorney General's Office shall assist the TERO office with a review of any and all legal documentation supporting an application when deemed necessary and appropriate.

All applications that are incomplete will be returned and not considered for review. Additional information may be requested for clarification of the required documents.

A business seeking certification must be a minimum of 51% owned, operated and controlled by citizen(s) of a Federal Recognized Tribe.

NAME OF FIRM		DATE THIS FIRM WAS ESTABLISHED				
STREET/PO BOX	CITY	ZIP CODE	EMAIL			
NATIVE OWNER(S)		% OF INDIAN OW	/NERSHIP	# OF INDIAN EMPLOYE		
BUSINESS PHONE NU	MBER	# OF NON-INDIAN	N EMPLOYEES	CONTACT PERSON		
WEBSITE ADDRESS						
DIRECTIONS TO BUSINESS INCLUDING LANDMARKS:						
LIST DELOW THE "O	CCUDATIONS'	ZINI NAZILICILI TUE EIRNA	INITENIOS TO F	NCACE		
LIST BELOW THE O		' IN WHICH THE FIRM				
* ONLY THOSE "OCCUPA	TIONS" THAT YO	OK TIKIVI <u>CAN</u> FEKTOKIVI, I		MACING II.		
	THAT YO	OKTIKWI <u>CAN</u> PEKI OKWI, I				
		CAN TIMM CAN PENI CHIM, I	- <u>-</u>			



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3.	OWNERSHIP STRUCTURE – CHECK APPROPRIATELY
	SOLE PROPRIETORCORPORATIONPARTNERSHIPLLC
4.	EQUIPMENT AND CAPITAL LISTING OF ALL EQUIPMENT VALUED OVER \$250.00:
	IF RENTING/LEASING EQUIPMENT, PROVIDE RENTAL/LEASING AGREEMENT. ADDITIONAL SUBMISSIONS
	- A LETTER FROM YOUR BONDING COMPANY WITH THE AMOUNT OF PERCENTAGE & CAPACITY.
	 MAJOR EQUIPMENT OWNED, STATE HOW OBTAINED. PROVIDE AMOUNT AND SOURCE OF ORIGINAL AND PRESENT CAPITAL, I.E. OWNER CONTRIBUTION, BANK LOAN, ETC.
	CERTIFICATION
l,	, HERBY CERTIFY THAT THE INFORMATION
PRO	VIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
NAMI	E OF BUSINESS
ADDR	RESS OF BUSINESS
NAN	1E:(PLEASE PRINT)
TITLE	E:(PLEASE PRINT)

SIGNATURE